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CONFIRMATION NO. 6525

<b>SERIAL NUMBER</b> 10/670,915	<b>FILING OR 371(c) DATE</b> 09/24/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 021227-000310US
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## APPLICANTS

Richard Daifuku, Mercer Island, WA;  
 Alexander Gall, Woodinville, WA;  
 Dmitri Sergueev, Kirkland, WA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/413,337 09/24/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 12/15/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>[Signature]</u> Initials <u>ML</u>	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 289	<b>INDEPENDENT CLAIMS</b> 1
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## ADDRESS

20350

## TITLE

1,3,5-Triazines for treatment of viral diseases

<b>FILING FEE RECEIVED</b> 512	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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